United Nations E/CN.6/2011/NGO/2

# Economic and Social Council

Distr.: General
26 November 2010

Original: English

**Commission on the Status of Women**
**Fifty-fifth session**
22 February-4 March 2011
Item 3 (a) of the provisional agenda*
**Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives**

## Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2011/1.

10-65616 (E) 060111

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## Statement

1. The Beijing Platform for Action, in paragraph 108 (q), calls on Governments to collaborate with non-governmental organizations, the mass media, the private sector and international organizations to "Adopt specific preventive measures to protect women, youth and children from any abuse — sexual abuse, exploitation, trafficking and violence, for example — including the formulation and enforcement of laws, and provide legal protection and medical and other assistance." This was reiterated in resolution 54/2 on women, the girl child and HIV and AIDS, adopted by the Commission on the Status of Women in 2010, in which the Commission urged Governments to "strengthen and implement legal, policy, administrative and other measures for the prevention and elimination of all forms of violence against women and girls". In 2008, the United Nations Secretary-General launched a multi-year campaign to intensify efforts to end violence against women and girls.

2. Moreover, although violence against women is not specifically highlighted in the Millennium Development Goals, it is related to Goals 1 to 6. The World Health Organization (WHO) has pointed out that such violence was intimately associated with complex social conditions such as poverty, lack of education, gender inequality, child mortality, maternal ill-health and HIV/AIDS.

3. The consequences of sexual violence against young women continue to be particularly devastating; in addition to psychological and emotional damage, their reproductive health is affected in multiple ways.

4. In some places, adolescents who have been raped may be blamed for the crime rather than treated as victims and then they are murdered in horrific so-called "honour killings". So-called "proof" of their culpability can comprise being seen in the company of a male who is not an immediate family member, becoming pregnant or having an abortion.

5. Young pregnant women who suffer domestic abuse, including physical violence, may lose their babies as a result, and some studies have shown that domestic abuse may increase in frequency and severity during pregnancy. Sexual violence may further contribute indirectly to spontaneous abortion through the transmission of syphilis which, when untreated, increases the risk of miscarriage.

6. Many young women who are in situations of ongoing domestic abuse or in areas of conflict where sexual violence is used as a weapon of war are unable to use contraceptives to prevent HIV or other sexually transmitted infection or pregnancy. Those who suffered incest or rape as children may subsequently be prone to inconsistent or non-use of contraception as a result of the abuse. Forced sex is tragically a common phenomenon in countries around the world. WHO has reported that many women's first sexual experience was not consensual, with percentages ranging from 24 per cent in rural Peru to as high as 40 per cent in South Africa. Moreover, women living in conflict areas often become pregnant, sometimes more than once, as victims of rape being used as a weapon of war.

7. These young women subsequently may be denied emergency contraception by health-care providers because of their age, marital status or moralistic arguments and then suffer unwanted pregnancies, which often lead to unsafe abortions in the many countries where abortion is legally restricted. Not only are their rights to health and life denied: refusal to provide or fund emergency contraception and safe

abortion for women in humanitarian situations also constitute discriminatory treatment of persons protected under the Geneva Conventions.

8. Unsafe abortion accounts for approximately 13 per cent of global maternal deaths, with higher proportions in many developing countries (e.g., Argentina, with 20 per cent). Women younger than 24 account for almost 46 per cent of these deaths worldwide, with rates as high as 59 per cent for women aged 25 years and younger in Namibia.

9. Young women presented with complications of unsafe induced abortions to end unwanted pregnancies may also suffer discrimination and psychological violence within health and legal systems, being intimidated, chastized on "moral grounds" and threatened with legal action in areas where abortion is restricted by insensitive service providers. Service providers may further humiliate them, provide inadequate anaesthesia and care, and charge excessive fees.

10. Some Governments have ensured that female survivors of sexual violence, including adolescents, can receive comprehensive post-rape care to deal with possible HIV and other sexually transmitted infection and unwanted pregnancies. For example, the Supreme Court of Mexico recently reaffirmed the right of women throughout the country to services including emergency contraception and safe abortion care. Non-governmental organizations and multilateral agencies also have taken measures to assist survivors of rape in conflict areas. Doctors without Borders, for example, has provided post-exposure prophylaxis, emergency contraception and safe abortion care to survivors of rape in the Congo since 2006, while a new field guide produced by the Inter-agency Working Group on Reproductive Health in Crises covers comprehensive sexual and reproductive health in humanitarian situations, including contraception and safe abortion care.

11. Governments must ensure that the following measures are taken, both for their own citizens and for adolescent and adult women living in States that receive development assistance from them:

(a) **Ensure that survivors of rape and incest are offered comprehensive care and recuperation services, including treatment of injuries, post-exposure prophylaxis for HIV, screening and treatment for sexually transmitted infections, emergency contraception or safe abortion care for women not wanting to carry resultant pregnancies to term, psychological aid and legal assistance;**

(b) **Include the links between violence, unwanted pregnancy, spontaneous and induced abortions and inadequate post-abortion care in research on violence against women and girls;**

(c) **To reduce pregnancy- and abortion-related morbidity and mortality, ensure that health systems train and equip health-service providers to address violence, especially in antenatal, gynaecological and emergency care settings. A gender- and human rights-based perspective must be the basis for such training;**

(d) **To reduce the number of unwanted pregnancies resulting from rape and incest, ensure that organizations in the social, law enforcement and health sectors train their officials and staff to facilitate adolescent and adult women's**

**access to emergency contraception and legal abortion by making appropriate referrals and providing prompt care;**

**(e) Where abortion is legally permitted, remove barriers limiting adolescent and adult women's access to safe and affordable abortion services;**

**(f) Amend legislation criminalizing abortion in order to remove punitive measures against women who undergo abortion.**